

Date Received 6/3/74

No. 4960

Amt. Paid \$ 188.50

Date Issued 6/17/74

TOWN OF ACTON

APPLICATION FOR PERMIT TO BUILD OR REMODEL

This application must be submitted not less than two weeks prior to the date of starting construction. Building plans must accompany all applications. A Registered Plot Plan for all detached buildings, and a Sketch indicating location of buildings for additions, must also be submitted.

The undersigned hereby applies for a permit to build, alter, or make additions according to the information filed herewith and the following:

1. Owner Gismonde A. Silvestrone Address 14 Page Road, Bedford, Mass.
2. Architect Acme Associates Address 10 Industrial Park Rd., Hingham, Mass.
3. Contractor Dalton Industries, Inc. Address 297 Littleton Rd., Chelmsford, Mass.
4. Use of building Goodyear Service Store
5. Estimated cost complete, including land \$125,000.00
6. Type of Construction Class B
7. Location of building 400 Massachusetts Avenue, Acton, Mass.

a. If in recorded subdivision, give name No. Street

8. Zone District Business B-1

9. Lot dimensions:
- | | |
|--|------------------------------------|
| a. Frontage <u>200 Ft.</u> | e. Distance to side <u>30 Ft.</u> |
| b. Depth <u>300 Ft.</u> | f. Distance to rear <u>197 Ft.</u> |
| c. Sq. ft. area <u>4000 57672</u> | g. Set back front <u>56 Ft.</u> |
| d. Rear dimensions <u>200 Ft.</u> | |

10. Description of Building Concrete Block, Brick Front, Steel Bar Joist and Deck, T & G Roof.

Size of building 141 Ft. x 50 Ft. Garage: Attached Under Separate

No. of bedrooms

No. of baths 2

Area for future rooms

I hereby certify that the data given on this sheet is correct and that I will conform to all the applicable by-laws of the Town of Acton in erecting the building.

**PERMIT FEES ARE NONREFUNDABLE
EITHER IN PART OR WHOLE.**

Joe Lewis
Signature of Applicant

Dalton Industries, Inc.
Address

Zoning approval Don P. Johnson 6/17/74

Sub-division approval

Approval of Board of Health: Date 6-4-74

**THIS PERMIT SHALL BE VOID
UNLESS CONSTRUCTION THERE-
UNDER IS COMMENCED WITHIN
NINETY DAYS AFTER THE DATE
HEREOF.**



TOWN OF ACTON

No. 4960

DATE 6/17 1974

BUILDING PERMIT

This certifies that DALTON INDUSTRIES, INC.
has permission to CONSTRUCT 50x141 COMMERCIAL BUILDING
on 400 MASSACHUSETTS AVENUE

provided that the person accepting this permit shall, in every respect, conform to the terms of the application therefor, on file in this office, to the provisions of the Laws of the Commonwealth and to the By-Laws of the Town of Acton relating to the Location, Inspection, Erection, Enlarging, Altering, Raising, Moving, Repairing or Tearing down of a building or structure.

FIRE DEPARTMENT	PLUMBING & HEATING	ELECTRICAL	BOARD OF HEALTH	BUILDING DEPARTMENT
Rough Date	Rough Date	Rough Date	Rough Date	Excavation Date
Final Date	Final Date	Service Date	Final Date	Foundation Date
Oil Burner Insp. Date	THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES, MAINTAINED IN GOOD CONDITION AND MUST NOT BE REMOVED UNTIL ALL WORK HAS BEEN APPROVED. Spaces above must be initialed and dated at the time of approval of the inspecting authority, before any work is covered up or any lathing done. Each department must be notified when its portion of the work is ready for inspection. Allow 48 hours for inspections.			Rough Date
Metal Roof or Siding Ground Date				BUILDING APPROVED FOR LATHING Date

FIRE PROTECTION SYSTEM REQUIRED

NO WALL OR CEILING SHALL BE LATHED OR OTHERWISE COVERED UNTIL THIS CARD BEARS ENDORSEMENT BY THE BUILDING DEPARTMENT IN THE SPACE PROVIDED.

BUILDING SHALL NOT BE OCCUPIED UNTIL ALL INSPECTIONS HAVE BEEN COMPLETED AND OCCUPANCY PERMIT IS ISSUED BY THE BUILDING INSPECTOR.

Date 11-21-74

No. 4960

TOWN OF ACTON

APPLICATION FOR PERMIT OF OCCUPANCY

This application must be submitted not less than two weeks prior to the date when it is desired to occupy building.

To the Building Inspector:

The undersigned hereby applies for a permit of occupancy:

1. Owner GISEMINE SILVESTROME Address IN PAGE RD BEDFORD, MA.
2. Occupant ACTON TIRE INC.
3. No. of Building permit 4760
4. Type of Construction MASONRY-STEEL
5. Location of building 400 MASSACHUSETTS AVENUE
 No. Street
 a. If no number, give nearest intersecting street
 b. If in recorded subdivision, give name
 lot number
6. Zone District R-1
7. Remarks or description CONCRETE BLIND, BRICK FRONT, STEEL WARE JOISTS AND DECK, T+G ROOF.

I hereby certify that the data given on this sheet is correct and that I will conform to all the applicable by-laws of the Town of Acton.

Plumbing and Gas Inspector: [Signature] Signature of Applicant

Building Inspector: [Signature] Address 400 MASSACHUSETTS AVENUE

Board of Health: [Signature] Date 12/19/74

Fire Dept: [Signature]

BUILDING INSPECTOR



TOWN OF ACTON

BUILDING PERMIT APPLICATION

Permit No. 8847Date Issued 10/24/74Received 10/23/748C

I. LOCATION OF PROJECT

1. Location 400 MASS AVE 2. Zoning District _____
 3. Applicant David Santos (Name) (Street) Phone 861-8425
 4. Lot Description: Parcel _____ Plate _____ 5. Latest Recorded Plan: Book _____ Page _____
 6. Lot Area _____ 7. Frontage _____ 8. Setbacks: Front _____ Left _____ Right _____ Rear _____

II. TYPE AND USE OF BUILDINGS

A. TYPE OF IMPROVEMENT

- 9. New Building
- 10. Addition
- 11. Alteration
- 12. Repair, Replacement
- 13. Wrecking, Demolition
- 14. Moving, Relocation
- 15. Swimming Pool
- 16. Sign
- 17. Other - Specify GLASS ENCLOSURE FOR ATM MACHINE

B. PROPOSED USE

Residential

- 18. One Family
- 19. Two or more family - Enter number of units _____
- 20. Hotel, Motel or Dormitory - Enter number of units _____
- 21. Garage
- 22. Porch, Deck
- 23. Accessory Building
- 24. Recreation
- 25. Other - Specify _____

Non-Residential

- 26. Amusement, Recreational
- 27. Church, Other Religious
- 28. Industrial
- 29. Theatre, Assembly
- 30. Service Station, Repair Garage
- 31. Hospital, Institutional
- 32. Office, Bank, Professional
- 33. Restaurant
- 34. Library, Other Educational
- 35. Stores, Mercantile
- 36. Other - Specify _____

C. DESCRIBE PROPOSED USE OF STRUCTURE OR BUILDING IN DETAIL. IF USE OF BUILDING IS BEING CHANGED, ENTER EXISTING AND PROPOSED USE AND CHECK HERE.

Glass Enclosure For ATM Machine

III. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

- 37. Masonry (Wall Bearing)
- 38. Wood Frame
- 39. Structural Steel
- 40. Reinforced Concrete
- 41. Other - Specify _____

C. ARE THE FOLLOWING INCLUDED?

- | | Yes | No |
|-----------------------|---|-------------------------------------|
| 53. Electrical | <input checked="" type="checkbox"/> (1) | <input type="checkbox"/> |
| 54. Plumbing | <input type="checkbox"/> (1) | <input checked="" type="checkbox"/> |
| 55. Heating | <input type="checkbox"/> (2) | <input checked="" type="checkbox"/> |
| 56. Oil Storage | <input type="checkbox"/> (1) | <input checked="" type="checkbox"/> |
| 57. Air Conditioning | <input type="checkbox"/> (2) | <input checked="" type="checkbox"/> |
| 58. Water, Public | <input type="checkbox"/> (1) | <input checked="" type="checkbox"/> |
| 59. Water, Private | <input type="checkbox"/> (1) | <input checked="" type="checkbox"/> |
| 60. Fire Suppression | <input type="checkbox"/> (3) | <input checked="" type="checkbox"/> |
| 61. Fire, Detection | <input type="checkbox"/> (3) | <input checked="" type="checkbox"/> |
| 62. Septic System | <input type="checkbox"/> (1) | <input checked="" type="checkbox"/> |
| 63. Woodburning Appl. | <input type="checkbox"/> (1) | <input checked="" type="checkbox"/> |
| 64. Gas Fitting | <input type="checkbox"/> (1) | <input checked="" type="checkbox"/> |

NOTES: (1) Requires separate permit; (2) Heat Loss Info. Req'd.; (3) Stamped Plan req'd.

D. FLOOR AREA (Based on Exterior Dimensions in square feet)

- 65. Basement, (Unfinished) _____
- 66. Basement, (Finished) _____
- 67. First Floor _____
- 68. Second Floor _____
- 69. Third Floor _____
- 70. Garage _____
- 71. Porch/Deck _____
- 72. Other - Specify _____

B. HEATING FUEL METHOD OF DELIVERY

- | | |
|--|--|
| 42. <input type="checkbox"/> Gas | 49. <input type="checkbox"/> Hot Water |
| 43. <input type="checkbox"/> Oil | 50. <input type="checkbox"/> Steam |
| 44. <input type="checkbox"/> Coal | 51. <input type="checkbox"/> Hot Air |
| 45. <input type="checkbox"/> Electricity | 52. <input type="checkbox"/> Other (Specify) _____ |
| 46. <input type="checkbox"/> Solar | |
| 47. <input type="checkbox"/> Other - Specify _____ | |
| 48. <input checked="" type="checkbox"/> N/A | |

E. RESIDENTIAL BUILDINGS ONLY

- | | | |
|-------------------------|----------------|----------------|
| 73. Number of Bedrooms | Existing _____ | Proposed _____ |
| 74. Number of Bathrooms | Existing _____ | Proposed _____ |

IV. SPECIAL PERMITS AND/OR VARIANCES

- | | Yes | No | | Yes | No |
|---|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
| 75. Does any of this lot fall within the Flood Plain as defined by the Acton Zoning By-Law? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 82. Has the Zoning Board of Appeals granted any variances for this lot or work? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 76. If yes, how much? (Sq. ft., acres, %) | | | 83. *If yes, Hearing No. _____ Submit copy of decision. | | |
| 77. Is proposed construction within the Flood Plain? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 84. Has the State Building Code of Appeals granted any variances for this work? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 78. Has the Board of Appeals issued a special permit for work in the Flood Plain? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | If yes, submit copy of decision. | | |
| 79. *If yes, Hearing No. _____ Submit copy of decision. | | | 85. Has the Architectural Barriers Board granted any variances for this work? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 80. Has a Site Plan been approved by the Board of Selectmen? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | If yes, submit copy of decision. | | |
| 81. *If yes, Site Plan No. _____ Submit copy of decision. | | | | | |

NOTE: Submit affidavits from Town Clerk regarding lapse of appeal period and proof of recording. (Book and Page numbers from Middlesex Registry of Deeds)



TOWN OF ACTON

BUILDING PERMIT APPLICATION

INFORMATION AND INSTRUCTIONS:

- 1. WHEN REQUIRED:** A building permit is required whenever a project includes construction, reconstruction, alteration, repair, removal or demolition of a structure; change of use or occupancy of a building or structure; or installation or alteration of any equipment that is regulated by the Commonwealth of Massachusetts State Building Code.
- 2. PENALTY:** Failure to obtain a building permit or starting work before a permit is issued may result in increased permit fees, fines up to \$1000 per day, imprisonment or any or all of the foregoing.
- 3. APPLICATION:** Application must be made by the owner or his/her authorized agent. Forms must be thoroughly and accurately completed. Accuracy and completeness will directly effect the time required to process the application through the Engineering, Planning, Conservation, Health and Building Departments. The State Building Code provides that the Building Department shall review a building permit application within thirty (30) days after filing. For purposes of this section, the permit is not considered to have been filed until other departments have reviewed it and it is returned to the Building Department for zoning and building code review.
- 4. PLANS AND SPECIFICATIONS:** Every application must be accompanied by *three (3) copies* of specifications and plans drawn to scale, with sufficient clarity, detail and dimensions to show the nature and character of the work to be performed. This information will be thoroughly reviewed to determine code compliance. Again, the degree of completeness and accuracy will have a direct bearing on the time required for review and approval.

Plans should include but not be limited to:

- A. A scale plan of the lot,** drawn and stamped by a registered land surveyor. This plan should show dimensions of the lot, locations and dimensions of all existing and proposed structures, easements, septic systems, location of any Flood Plain on the lot, etc.
 - B. Foundation plan** with anchor bolt locations and clearly showing a minimum four (4) foot depth to bottom of all footings.
 - C. Structural, mechanical and electrical plans** in sufficient detail to determine code compliance. (Include exterior building envelope component materials with U-values, R-values, heat loss information, HVAC sizing, etc. for energy code compliance.) Any changes or modifications to the approved plans must be submitted in writing for the Building Commissioner's approval.
- 5. STAMPED PLANS:** Plans and specifications for any building containing more than 35,000 cubic feet of enclosed space *must* be stamped and signed by a qualified registered professional engineer or architect.
 - 6. POSTING PERMIT:** The building permit must be posted at the site in clear view and protected from the weather at all times until the Certificate of Use and Occupancy is issued.
 - 7. OCCUPANCY:** Upon completion of the work and *prior* to occupancy return the original building permit with *all* approval signatures to the building department for issuance of a Certificate of Use and Occupancy. Occupancy or use of a building or structure without this certificate is subject to penalties as noted in #2 above.
 - 8. EXPIRATION:** A building permit expires if the work authorized is not started within six (6) months of issuance and continued through, in good faith, to completion.
 - 9. GENERAL:** The building permit will indicate specific points in the construction process at which inspections must be made. No work should proceed until each of these phases has been inspected and signed off by the appropriate inspector. It is the applicant's responsibility to notify each inspector at least 24 hours in advance of each required inspection.
At the rough inspection the electrical, plumbing and fire department approvals must be obtained *prior* to seeking approval of the building inspector.
 - 10. If you require any additional information** please contact the Building Department at 263-2709 between the hours of 8:30 - 4:00. We look forward to assisting you with your project.

V. IDENTIFICATION (Type or Print Clearly)

86. OWNER: Name Looney Federal Savings Bank Phone 376-7274
 Address 600 MASS AVE

87. LESSEE: Name _____ Phone _____
 Address _____

88. CONTRACTOR: Name DAVID SANTO Phone _____
 Address 6 UTICA ST LEX. Lic. No. 020459

89. ARCHITECT: Name DAVID JONES + SON. Phone 665-0399
 Address _____ Reg. No. _____

90. ENGINEER: Name _____ Phone _____
 Address _____ Reg. No. _____

VI. READ BEFORE SIGNING

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work subject to provisions of the Massachusetts State Building Code and other applicable laws and ordinances is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinances in effect on the date of this application.

Please type or print clearly:

David M. Santo Name of Applicant David Santo General Contractor, Inc. Company Name
David M. Santo Signature of Applicant 6 UTICA ST LEX. MA. Address

If application is made by other than the owner, complete the following:

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

David M. Santo Signature of Agent _____ Signature of Owner

DO NOT WRITE BELOW THIS LINE

Application Approval: Ernie Ciccone Date 10/23/84
 Application received by _____
 Street Cut bond posted N/A State Building Code Approval None
 Zoning Approval None Permit approved for issuance 10/24/84
 PARTIAL PERMIT: For _____ By _____ Date _____
 RENEWAL/REISSUE: To _____
 Reason _____
 By _____ Date _____

FEE	
Sq. Ft.	Rate
BSMT (U)	_____ x _____ = _____
BSMT (F)	_____ x _____ = _____
T.L.S.	_____ x _____ = _____
GAR.	_____ x _____ = _____
P/D	_____ x _____ = _____
OTH	_____ x _____ = _____
TOTAL <u>\$ 24.00</u>	

BUILDING PERMIT APPROVED AND ISSUED BY:

W. J. Huber Building Commissioner
 INP



BUILDING PERMIT

No. 8847

DATE 10/14 19 84

This certifies that DAVID SANTO
has permission to ENCLOSE ATM MACHINE
on 460 MASS AVE.

Remarks _____

provided that the person accepting this permit shall, in every respect, conform to the terms of the application therefor, as filed in this office, to the provisions of the Laws of the Commonwealth and to the By-Laws of the Town of Acton relating to the Location, Inspection, Erection, Enlarging, Altering, Raising, Moving, Repairing or Tearing down of a building or structure.

FIRE DEPARTMENT	PLUMBING & HEATING	ELECTRICAL	BUILDING DEPARTMENT	
Rough Date	Rough Date	Rough Date	Excavation Date	FOUNDATION CERTIFICATION MUST BE SUBMITTED PRIOR TO PLACING OF SILL
Final Date	Final Date	Service Date	Foundation Date	
Oil Burner Insp. Date	THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES MAINTAINED IN GOOD CONDITION AND MUST NOT BE REMOVED UNTIL ALL WORK HAS BEEN APPROVED. Spaces above must be initialed and dated at the time of approval of the inspecting authority, before any work is covered up or any lathing done. Each department must be notified when its portion of the work is ready for inspection. Allow 48 hours for inspections.			Rough Date
Metal Roof or Siding Ground Date				Final Date
				Building Approved For Lathing Date

NO WALL OR CEILING SHALL BE LATHED OR OTHERWISE COVERED UNTIL THIS CARD BEARS ENDORSEMENT BY THE BUILDING DEPARTMENT IN THE SPACE PROVIDED.

BUILDING SHALL NOT BE OCCUPIED UNTIL ALL INSPECTIONS HAVE BEEN COMPLETED AND OCCUPANCY PERMIT IS ISSUED BY THE BUILDING COMMISSIONER.

Telephone 263-2709

Don P. Johnson
Building Commissioner